

Florida Conference of Seventh-day Adventists
 Monthly Time Record
 TO BE COMPLETED BY HOURLY, NON-EXEMPT EMPLOYEES

Employee Name _____ Facility/Location _____

Non-exempt employees must record their actual time worked and starting/stopping times for each work day. If an employee's working time is interrupted by a partial or full workday absence (e.g., medical appointment), the employee must record the actual time he/she leaves and returns to work.

Please ensure that you are following federal and Florida requirements regarding the length of any unpaid meal break. Employees whose scheduled unpaid meal break is interrupted by work must record the actual time worked and have the entry initialed by their supervisor.

You are expected to accomplish your assigned tasks within scheduled work hours. Any additional working time, or overtime (hours worked in excess of 40 in any work week), required to accomplish tasks must be approved in writing and *in advance* by your supervisor.

	AM			PM			Supervisor Initials		
	Time In	Time Out		Time In	Time Out	Hours Worked	(As Needed)		
Month	16	_____	-----MEAL BREAK-----	_____	_____	_____	_____		
	17	_____		_____	_____	_____	_____	_____	
	18	_____		_____	_____	_____	_____	_____	
	19	_____		_____	_____	_____	_____	_____	
	20	_____		_____	_____	_____	_____	_____	
	21	_____		_____	_____	_____	_____	_____	
	22	_____		_____	_____	_____	_____	_____	
	23	_____		_____	_____	_____	_____	_____	
	24	_____		_____	_____	_____	_____	_____	
	25	_____		_____	_____	_____	_____	_____	
	26	_____		_____	_____	_____	_____	_____	
	27	_____		_____	_____	_____	_____	_____	
	28	_____		_____	_____	_____	_____	_____	
	29	_____		_____	_____	_____	_____	_____	
	30	_____		_____	_____	_____	_____	_____	
	31	_____		_____	_____	_____	_____	_____	
Month	1	_____		-----MEAL BREAK-----	_____	_____	_____	_____	
	2	_____			_____	_____	_____	_____	_____
	3	_____			_____	_____	_____	_____	_____
	4	_____			_____	_____	_____	_____	_____
	5	_____			_____	_____	_____	_____	_____
	6	_____			_____	_____	_____	_____	_____
	7	_____			_____	_____	_____	_____	_____
	8	_____			_____	_____	_____	_____	_____
	9	_____			_____	_____	_____	_____	_____
	10	_____			_____	_____	_____	_____	_____
	11	_____			_____	_____	_____	_____	_____
	12	_____			_____	_____	_____	_____	_____
	13	_____			_____	_____	_____	_____	_____
	14	_____			_____	_____	_____	_____	_____
	15	_____			_____	_____	_____	_____	_____
						Regular Hours Worked	_____		
						Overtime Hours Worked	_____		
						TOTAL HOURS WORKED	_____		

I certify that I have reported on this time sheet all of my working time during each work week of this payroll period, and that I have not omitted any hours worked, including any overtime hours, from this time sheet. I understand that false, misleading, or omitted information on this report may result in termination of employment.

Signature of Employee _____
Date

The completed and signed timesheet must be preserved for three (3) years after the dates covered. This timesheet may not be discarded before the expiration of 3 years without prior approval of the Conference Treasurer.